

Application for Swimming Pool Permit

Virginia Beach Department of Public Health

Application for Health Department Swimming Pool Permit for period beginning _____ and ending _____.

Please complete all fields on this application.

Name of Pool

Address of Pool

City _____ State _____ Zip _____ Phone _____

Pool Operator's Name _____ Phone _____

Owner's Name _____ Phone _____

Address

City _____ State _____ Zip _____

Send Correspondence to

City _____ State _____ Zip _____

FACILITY INFORMATION (circle appropriate response)

Operating Period: Seasonal / Yearly From _____ to _____

Operating Hours: From _____ (a.m. / p.m.) To _____ (a.m. / p.m.)

Days of Operation: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Water Supply: (Pool) City / Well (Waterfountain) City / Well

Pool Dimensions: Length _____ Width _____ Depth _____ Total Surface Area _____
Capacity in Gallons _____

Disinfect ion Methods: Disinfectant Used

Average Amount of Chemicals Kept on Hand

Type of Disinfectant Equipment Used

Associated Facilities

- Hotel _____
- Restaurant _____
- Campground _____
- Other Pools _____

Pool Consultant Company: Name _____
Phone _____

Address

CONDITIONS OF THIS PERMIT INCLUDE:

1. Read and be familiar with the Virginia Beach Swimming Pool Ordinance
2. Abide by the conditions of such laws, rules and regulations.
3. Permit agent(s) of the Department of Public Health to inspect subject premises at any reasonable time and to perform tests or take samples considered necessary.

I FURTHER UNDERSTAND THAT:

1. A check or money order in the amount of \$50.00 for seasonal operation (four or less months) or \$75.00 for yearly operation, must accompany this application. Make checks payable to Virginia Beach Department of Public Health.
A SEASONAL POOL WITH YEARLY HOT TUB OPERATION FEE IS \$125.00.
2. Virginia Beach Department of Public Health permits expire at midnight on April 30th unless otherwise noted.
3. Permits are not transferable.
4. Permits are subject to revocation for just cause.
5. The Virginia Beach Department of Public Health must be notified within twenty-four hours after having sold, transferred, given away, or otherwise disposed of any interest in, or control of, this swimming pool.

Signature of Owner of Authorized Agent _____
Date _____

HD US ONLY

Permit No. _____ **Census Tract** _____ **Pin #** _____ **Date**
Issued _____